

Medical Authorization for Non-Prescribed Medications

Child Name: _____

All over the counter medications including topical substances shall be in the original container and labeled with the child's name.

My child may be given non-prescribed medication supplied by parent/guardian and administered by Stepping Stone Day School employee.

Sunscreen (any brand)

Note: Spray sunblock is not allowed

Sunscreen Special for allergies/sensitive skin

Note: parent will provide specific sunscreen for child.

Diaper wipes

Diapering Ointment

Toothpaste

My child may be given non-prescribed medication supplied by parent/guardian and administered by Stepping Stone Day School employee.

Parent/Guardian Signature: _____

Date: _____